

**DEPUTY SHERIFF APPLICANT
RELEASE AND POSITION REVIEW**

I, the undersigned applicant for a position with the Gallatin County Sheriff's Office, in consideration of my application being reviewed for the position of probationary deputy, do hereby voluntarily waive and forever release the Gallatin County Sheriff's Office, the County of Gallatin, and their officials, employees and agents from all liability, claims, demands and causes of actions for any damage, injuries, or harm suffered or sustained by me in any manner arising out of my participation in this application process. This includes, but is not limited to, performing any physical fitness test or undergoing any medical examinations.

I verify that I am sufficiently healthy and physically capable to perform the physical fitness test and that I have no health condition which would preclude me from participating in these tests.

I hereby release the doctor, whose name and signature are provided below, from all legal responsibility or liability that may arise from this physician's review.

Dated this ____ day of _____, 2006.

Signature of Applicant

Type or Print Name

TO THE PHYSICIAN:

The above person has applied for the position of probationary deputy with the Gallatin County Sheriff's Office, Bozeman, Montana. Please review the document entitled "Information to Applicants – Physical Fitness Test) and, based upon your knowledge of this position, answer the following questions:

1. Is this applicant safely able to perform the Physical Fitness Test?

Yes () No ()

2. Please make any relevant comments:

Physicians' Signature

Type or Print Name

Date

License # / State Licensed